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## Sociale technologie en het instrumentele aspect van agogische actie

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## summary

The development in the various fields of the 'helping professions' has greatly speeded up since the end of World War II. Social work has blossomed out from a philanthropic movement into a profession; in the field of mental health the emphasis has shifted from custody and nursing to treatment, prevention and after-care; new methods of treatment have been developed in the field of child welfare. Community organization, training in an industrial setting and adult education are also being tackled more professionally on the basis of extensive practice theory and an increasing use of scientific insights.

Although these – and other areas – are usually seen as related (the helping professions) what they have in common is rarely defined. With the concept 'planned change' as applicable to education and re-education in the widest sense as starting point, we believe that these areas share the characteristics listed below:

1. the activities are *planned*; this can be seen from the distinction of *phases of planned change* (planning – intervention – evaluation);
2. the intervention is usually based on *social-technical strategies*;
3. the '*change-agent*' is a *professional and independent psycho-social system* (individual, group or organization);
4. the '*client system*' is also a *psycho-social system* (individual, group, organization or community);
5. the relation between change-agent and client system is one of functional cooperation;
6. the aims are to induce changes in the client system, i.c. improve-

ment of the psycho-social structure and/or the functioning of the client system.

7. the operational objectives are selected from the values of the client system in so far as they are not at odds with the fundamental values of the society to which the change-agent and client system belong.

Planned change activities have various functions in society. One of these is the removal of *disorders* in the client system (social work, mental health field, child welfare agencies, etc.). Another important function is the giving of assistance so that the client systems are run in the best possible way even when there are no actual disorders (community organization, training in industry, etc.). Finally a third function is the raising of the standards of normal client systems by applying new norms (in adult education).

In the areas corresponding to the three functions mentioned we see that action based on experience and intuition is being increasingly replaced by systematic, planned methods. These methods fulfil a function to a very large extent comparable to those of the sciences (techniques).

*The word technique is applicable whenever human beings use standard operating procedures based on experience, rational discussion, scientific knowledge, calculations, etc. in pursuing goals.* Typical of *modern* technique is its scientific basis. Methods in the field of interpersonal relations, however, (social techniques) are still very much based on pre-scientific knowledge (practice theory) instead of on applied behavioral science. Moreover social techniques have usually been developed in the limited field of one setting of planned change activity. This has considerably retarded the development of a scientific theory on the instrumental aspect of planned change (social technology) in education and re-education.

In the theory of planned change we find the notion that planned change is effected by a cumulative series of part-actions. Following the views of Lewin, Lippitt, Watson and Westley and others, we distinguish the following phases:

1. the determining of a need for change or the developing of a latent need;

2. the defining of the operational objectives and the giving of the diagnosis;
3. the determining of the strategy;
4. the actual behavior modification;
5. the generalization and stabilization of the achieved effect;
6. the evaluation.

At present the strategy usually takes place *within* one specific method which has gradually developed over the years and is closely linked with a specific field of planned change. In the field of mental health there are the psycho-therapeutic systems such as psycho-analysis and client-centered therapy. In a broader field the T-group method is applied. Casework and social groupwork already have a long history of development in the field of social work. In child welfare therapeutic foster home care is an example of a recently developed method for the treatment of children suffering from serious behavior disorders. This method started as a field experiment under scientific supervision at the Child Psychiatric Clinic of the State University of Groningen (The Netherlands). The method is characterized by the combination of selective placement in a foster family under intensive supervision of a psychiatric social worker and psycho-therapeutic treatment of the child. A supervisory team of experts from different fields attempts to integrate these two aspects.

Practice theory which is still of paramount importance in various fields of planned change differs from scientific theory in its 'normative' approach, its casuistic tendency and the more descriptive than interpretative character of its analysis.

The necessity of a clear-cut field of scientific theory on questions of planned change has been stressed by various disciplines (Zetterberg, Gouldner, Bennis, Myrdal, Greenwood, Thelen and others).

An applied behavioral science of this kind will have to be an *empirical* science in which the normative aspect central in all planned change must be treated as empirical data (value premises). This science will be characterized by two principles: (1) usefulness in the service of planned change and (2) theory building. There is also a double integration involved: (1) the practical problem-unit, beginning and end of the analysis, requires a multi-disciplinary use of the entire breadth of

knowledge of behavioral science (horizontal integration) and (2) the interrelations of the components of the problem situation are constituted by the *norm* of the situation considered more desirable (vertical integration). Where this norm is not always explicit (for example, it may be masked by resistance to change) such an applied behavioral science will of necessity have to be of a *clinical* nature (Gouldner) and have to relate to variables which can be *manipulated* (Bennis). Analogous to a scientific technology a social technology (conceived as a science of the instrumental aspect of planned change) may have three functions:

1. theory building with reference to this instrumental aspect;
2. clarification of views couched in pre-scientific terms (in practice theory);
3. control over social-technical processes and the theoretical control of (social) techniques.

The want of explicitness in the technical aspect of planned change can be partly accounted for by the lack of a 'theory of changing' – alongside the existing theories of social change – in which express attention is given to variables *which can be manipulated*. In this connection it is important in a science of planned change to design and test models of behavior modification. *Behavior modification* is understood here to be *intentional inducement of changes in the structure and/or functioning of a psycho-social system*. Effective models will have to be *decision models*.

To test a model of this kind the construction of a model is dealt with which involves these variables:

- (three) phases of behavior modification
- specification of the initial situation of the client system
- some modification mechanisms
- the balance of power between change-agent and client system
- the direct effect of the modification mechanisms

The *modification mechanisms* hold the key position in this model; they are to be described as *processes within the client system leading to changes in structure and/or functioning which are not random and not entirely fixed, but*

*show a certain degree of predictability and can be activated by outside intervention.*

The tentative model construed is only of interest as an experiment in model-building in the field of planned change. Model-building with a direct practical value would have to answer to questions of validity and reliability of the theories and concepts used, and to the operationalization of the variables and the relevance of these variables.

An aid in the investigation of the relation between change-agent and client system might be the more sharply defined use of the concept 'strategy' which is usually used rather vaguely as being about identical with planning. Characteristic of this more well-defined use is the making explicit of the aspect of *anticipation* in the action. A strategy indicates a 'player's' choice to all reasonable possible counter-moves. The possible decision situations are standardized in decision rules. In designing an optimum strategy the *probability* of certain effects and their *desirability* are estimated or calculated on the basis of all possible information on relevant factors.

A strategy within the field of planned change where the relation between change-agent and client system is one of functional cooperation can be described by using game-theory terms (Schelling), as a *mixed strategy tending to the elimination of the conflict element*.

The designing of a strategy can be seen as one level of planning (as a specification of planning at management-level and as a preliminary to tactical planning).

Choice is made within a strategy of *influencing techniques: potential ways of behavior which through intervention bring modification mechanisms into effect*. Various sorts of technique are distinguishable: those which provoke behavior, those which modify behavior and those which stabilize behavior, etc. Techniques limit the choice of intervention without determining its content and form entirely. The actual *intervention*, that is, *verbal and non-verbal behavior of the change-agent by which modification mechanisms are activated*, is determined in part by the actual data (feed-back) of the influencing situation (tactical planning). The functional cooperation relation, though to be distinguished from purely personal relation, has both the 'person oriented' and the 'task oriented' aspect. The inter-relation between these levels is partly

determined by the initial situation of the client system. And there can thus be other variants of functional cooperation depending on differences in the initial situations.

If the fundamental situation of the client system is disturbed then the emphasis in diagnosing will be on the thought process of the change-agent. The behavior modification will be more concerned with the *total* functioning of the client system, there will be a clear preponderance of power on the part of the change-agent and a relative balance of person oriented and task oriented interaction. However, the more *normal* the initial situation of the client system is, the more the emphasis of the diagnosis may shift in the direction of self-diagnosis and the more modification may be concerned with *partial* aspects of functioning. In this case the power relation may be balanced or there may even be a preponderance of power on the part of the client system and the task oriented level of the interaction may dominate.

For the future development of planned change action it is necessary that contributions are made to a scientific analysis of the technical aspect of planned change within the frame-work of a social technology in a more systematic way than has been the case up to now.